PHASE III RECOMMENDATIONS

MERGER OF THE FIRST STEPS PROGRAM AND THE COMMISSION FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CCSHCN)

JANUARY 2003

The following abbreviations denote the workgroup:
IE Intake and Eligibility
SP Service Planning
SD Service Delivery
QO Quality and Outcomes

The following numbers denote the recommendation's alignment with a Cabinet goal:
1 Maximize Resources
2 Improve Kentuckians' Health Status and Quality of Life
3 Improve our Service Delivery
4 Empower our Workforce
5 Achieve a Secure and Integrated Technology System

The following letters are used to denote the expected timeframe in which the recommendation will be completed:
S Short Term
Can be accomplished within 1 year
M Mid Term
Can be accomplished within 1 year to 3 years
L Long Term
Can be accomplished within 3 to 5 years

1. CONTRACTS

	Recommendation	Wk Group	Alignment w/Goal	Est. Completion
1.1	Establish an additional position in the Provider Relations Branch to assist in contract oversight	SD	4	S
1.2	Modify contracts to include disclaimer and responsibility for all taxes (e.g., payroll and social security taxes), entity identification, liability insurance, and other costs of doing business	SD	1	M
1.3	Modify contracts to clearly indicate that contractors are not employees of either CCSHCN or the Commonwealth of KY	SD	1	M
1.4	Work towards a universal contract, payment, and reimbursement system	SD	1	M
1.5	Create clearly articulated provider contracts that: 1) include, but are not limited to, caseload requirements, staff that support direct services, office space requirements, phone requirements, technological equipment; and, 2) ensures compliance with all federal and state regulations	IE	1	M
1.6	Specify that provider must contact the technical assistance team when a contract is returned because it is incorrect or incomplete	SD	1	S
1.7	Explore the possibility of providers having contracts with Part C and Title V so that if children need additional therapy due to "medical" they get it from same provider but use Title V funds instead of Part C funds	SP	3	M
1.8	Develop strict timelines for contract renewals without extensions	SD	1	M

2. PERSONNEL RECRUITMENT AND SUPPORT

	Recommendation	Wk Group	Alignment w/Goal	Est. Completion
2.1	Primary level evaluators are dedicated providers who do not provide any other services for First Steps or work for an agency that provides other services for First Steps	SD	3	M
2.2	Provide staff, who are responsible for screening, with cross-training regarding agency programs to promote early identification and comprehensive service delivery	IE	4	L
2.3	Establish qualifications and training for the positions of visual impairment specialist and paraprofessional language development specialist for deaf/hearing-impaired children	SD	4	M
2.4	Foster and retain skilled providers	QO	4	S
2.5	Require pediatric experience and/or training for contract issuance and renewal	SD	3	M
2.6	Adopt higher qualifications for Part C personnel who perform primary level evaluations, and grandfather current Part C primary level evaluators with approved professional development plans to be completed within a designated timeframe	IE	3	M
2.7	Eliminate developmental assistants as providers and allow developmental associates to work only in groups (not home visits); check data of current utilization regarding developmental assistants	SD	3	M
2.8	Establish a timeframe by which new developmental interventionists must have the IECE degree/certificate	SD	3	M
2.9	Include survey of providers regarding area of specialization, pediatric experience, future plans (attrition), etc in the forthcoming Title V statewide needs assessment	SD	2	M
2.10	Develop a recruiting strategy to attract more minority providers and bilingual providers	SD	3	S
2.11	Utilize Rural Health Program to recruit staff in underserved areas.	SD	3	S
2.12	Fill branch manager of support services position as it is responsible for close monitoring and oversight of the budget	SD	4	M
2.13	Develop a mentorship/preceptorship program for new personnel	SD	4	L
2.14	Define, develop, and implement a mentoring program for interim primary level evaluators	IE	4	L

3. REGULATION AND POLICY

	Recommendation	Wk Group	Alignment w/Goal	Est. Completion
3.1	Align First Steps medical requirements with general medical practice	IE	3	M
3.2	Clarify regulation for back-up primary service coordination and 2nd agency requirement	SP	3	S
3.3	Rewrite state regulations to allow family therapists (ie, LCSW, family therapist, psychologist) to provide services/intervention without child present on a limited basis	SD	2	M
3.4	Develop and implement outreach regulations for Title V and revise and implement outreach regulations for Part C that are flexible enough to meet the individual and community needs	IE	2	M
3.5	Develop, implement, and enforce outreach policies and procedures	IE	2	M
3.6	Develop and disseminate definition of mandated requirements	QO	3	S
3.7	Develop central repository (ies) for records	QO	3	L
3.8	Continually reopen regulations to make improvements/clarifications	SP	3	S
3.9	Standardize process by revising Title V Policy and Procedure manual and enforcing compliance	SP	3	S
3.10	Evaluate children 4-6 weeks prior to annual IFSP review meeting by an approved provider/agency not represented on the IFSP team	SD	1	M
3.11	Establish regulations that prevent inappropriate referrals	IE	3	M
3.12	Amend regulations to increase the number of PSC/Assessor units allowed when interpreter/translator services are needed	SD	3	M
3.13	Rewrite policies and procedures to reflect needed changes that ensure mandated time lines can be met	IE	3	S
3.14	Streamline Point of Entry regulations to ensure the most efficient and effective delivery of services	IE	3	M
3.15	Assess and compare Part C and Title V policies and procedures on completion of intake and eligibility and find common areas that may be integrated	IE	3	L
3.16	Implement emergency regulations as ordinary regulations to provide for lasting effect	SP	3	S
3.17	Clarify roles of social workers vs. primary service coordinators in First Steps	SD	3	M
3.18	Promote best practice of using the same therapist for both home and group intervention services	SD	1	M
3.19	Establish guidelines that outline timeframes for educating caregivers; after that time, use consultation/transdisciplinary mode for service delivery	SD	2	M

3.20	Amend the regulation on how and when primary level evaluation results are shared and interpreted: 1) with the family in a timely and sensitive manner, and 2) within the written report	IE	3	M
3.21	Evaluate and review existing regulations governing allotted units to primary service coordinators and quantity of caseloads	SD	3	M
3.22	Amend regulation so that amendment meetings are not required for: • Discharge from program • Decrease in frequency, intensity, or duration of a service • Frequency changes but not the number of units • A member of the IFSP team determines that an additional assessment is needed • Family requests transportation services • Service provider is on leave, the replacement is noted in the IFSP, there are no changes in identified outcomes, and family agrees • An assistive technology device is received after an IFSP meeting was held and the team members agreed that the device was needed	SP	3	S

4. RECORDS, FORMS, AND INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP)

	Recommendation	Wk Group	Alignment w/Goal	Est. Completion
4.1	Convene a workgroup to revise IFSP form	SP	4	S
4.2	Develop universal record formats	QO	5	L
4.3	Benchmark IFSP forms from other states	SP	3	S
4.4	Modify form to include primary and secondary members (primary are required to approve IFSP; secondary are persons who are not First Steps providers but from whom the team wishes to have feedback)	SP	3	M
4.5	Title V records and Part C records for children who are dually served, should include the IFSP and Title V Medical and Service Record information	SP	3	M
4.6	Revise IFSP and explore how it can be combined with the Title V care plan	SP	1	M
4.7	Develop a more meaningful IFSP form that is user-friendly	SP	3	M
4.8	Within 5 years, offer the option to develop the IFSP electronically	SP	5	L
4.9	Therapists have a standard form to complete for a 6-month summary of progress report, in which they also record strategies for natural environment	SP	3	M
4.10	Assessments are completed within a specified number of working days from when the POE provides the written referral	SP	3	S
4.11	Define and provide training on composition of data set	QO	5	L
4.12	Data tracking and capture are a critical priority in maximizing funding and ensuring monitoring of quality outcomes	QO	5	L
4.13	Therapy assessments include natural environment strategies	SP	3	S

5. TRAINING

	Recommendation	Wk Group	Alignment w/Goal	Est. Completion
5.1	Reconvene Comprehensive System Personnel Development (CSPD) committee to address training issues	SP	3	S
5.2	Revamp orientation for new providers	SD	4	S
5.3	Train coordinators to promote selection of optimal services to enhance the natural structure of families	QO	4	S
5.4	Publicize early intervention opportunities in pre-service training programs for all disciplines	SD	4	S
5.5	Identify external referral sources in each community and compile a statewide, user-friendly database (i.e., dropdowns) to be housed on an integrated system	IE	5	S/L
5.6	Encourage provider training and networking opportunities for staff regarding outside agencies and resources (for example, guest speakers at DEIC and PSC networking meetings, etc.)	SP	3	S
5.7	Train providers and families that the goal of First Steps services is to help the child reach-age appropriate developmental levels for the purpose of discharge	SD	1	S
5.8	Provide training to all Part C providers on how to inform families of available provider options while avoiding conflict of interest	IE	3	M
5.9	Offer pediatric continuing education units regionally through CCSHCN and collaborate with colleagues to provide pediatric CEUs at conferences and universities	SD	4	S
5.10	Require all providers to have mandatory training	SP	3	M
5.11	Establish an additional position to develop and provide training in both Part C and Title V	SD	4	S
5.12	Train Part C staff to assure that medical issues not paid for under Part C also are being addressed as they address developmental concerns	SP	4	M
5.13	Provide safety training, including but not limited to magnetic signs on cars identifying the program, self-defense, team approach in difficult areas, early recognition signs of danger, and how to defuse hostile situations	SD	4	M
5.14	Review the process of providing technical assistance and training to new providers	SD		M
5.15	Provide mandatory quarterly meetings for providers to review updates and system changes	SD	3	M
5.16	Develop and require cultural diversity training	SD	3	S
5.17	Continue training of providers in how to embed intervention into the daily routines/activities of the child and how to transfer skills to the family	SD	3	S
5.18	Continue SHIPP and PREVIEW	SD	3	S

5.19	Provide support and follow-up training, to include but not limited to the implementation of natural environments, through required meetings so providers are comfortable with the concept and know how to implement it into the IFSP	SP	4	S
5.20	Recruit and train personnel to recognize natural authority of families and to promote family learning	QO	4	S

6. COMMUNICATION

	Recommendation	Wk Group	Alignment w/Goal	Est. Completion
6.1	Provide "one voice" of authority to go to for interpretation of regulations and answers to questions	SP	1	S
6.2	Families are educated by Point of Entries about natural environments and what will be expected of them	SP	3	S
6.3	Technical assistance teams, program evaluators, and other personnel have the same interpretation when changes are made	SP	4	S
6.4	There is communication and accountability as regulations and training are consistent across all service providers	SP	4	S
6.5	Provide one voice to notify and train providers before implementation	SP	4	S
6.6	Clearly define and communicate the CCSHCN's position on the use of medical, developmental and educational philosophies and how they may and/or should be integrated	IE	1	M
6.7	Work with licensing and certification boards on areas of specialization focusing on pediatric experience	SD	2	M
6.8	Assure that effective date of changes allows for sufficient times before implementation	SP	4	S
6.9	Market parent consultants and parent support organizations	SP	1	S
6.10	Develop mechanisms that support team collaboration	QO	3	S
6.11	Support community partnerships that allow families to identify and access necessary services	QO	3	S

7. "NEW" SYSTEMS COMPONENTS

	Recommendation	Wk Group	Alignment w/Goal	Est. Completion
7.1	Establish a system to develop and disseminate discipline specific standards for quality of care; develop and distribute discipline specific standards of high quality care to families and providers	QO	2	M
7.2	Create a meaningful service provider rating system that is based on quality (above minimum standards) based on the STARS model	SP	3	L
7.3	Build a system with flexibility to compensate providers in underserved areas to recruit providers to those areas	SD	3	M
7.4	Develop consistent method to track community resources (Within five years, resources are listed according to region on the website)	SP	5	S
7.5	Identify equipment and access needs statewide for screening, intake, and point of entry staff	IE	4	S
7.6	Assure best practices by replicating models of excellence	SP	3	M
7.7	Devise a system that designates a single care coordinator that meets Part C and Title V program requirements for dually eligible children	SD	1	M
7.8	Develop system of supervision for all primary service coordinators (e.g., issue an RFP for a supervising agency in districts such as comprehensive care centers, local health departments, mentoring programs, etc.)	SD	3	L
7.9	Develop an integrated technological system to support a comprehensive screening/intake process that also ensures HIPAA and FERPA compliance	IE	5	L
7.10	Develop tools to effectively measure consumer satisfaction	QO	2	M
7.11	Review feasibility of replacing Title V medical clinics with community resources that have access to care with pediatric specialists	SD	3	L
7.12	Develop and implement a screening module (ie, script, processes and procedures) to be used to identify family needs and appropriately link the family to available internal and external services	IE	3	M
7.13	In support of the Title V Block Grant Performance Measure of medical homes and to maximize utilization of payment resources, referrals for direct services will be secured from physicians after evaluation of a child, especially for children who are medically fragile. If referrals cannot be obtained for children in the First Steps system, consider using Title V services, which may include the creation of a developmental delay program in Title V and/or a procedure for obtaining the signature of the CCHSCN medical director.	SD	3	L

8. Recommendations that were submitted but do not meet the required parameters for inclusion in the plan

8.1 Within renewal contract cycle, stagger timelines when contracts are due for better time management of staff (does not fit with the biennium) (SD)
8.2 Eliminate age restrictions for some diagnoses in the Title V program with cystic fibrosis being the top priority (would result in increased costs) (SD)
8.3 Identify alternative means by which Developmental Interventionist can meet the qualifications to continue serving as a developmental interventionist in the First Steps program (not within the jurisdiction of CCSHCN) (SD)
8.4 Establish budget priority for additional equipment, access training, staffing and programming needs (would result in increased costs) (IE)
8.5 Establish a regulation to limit the total number of hours of intervention to six hours if getting group services (is in violation of federal Part C) (SD)
8.6 Review financial package for pediatric specialists in Title V, including physician fees (may result in increased costs) (SD)
8.7 Review contracts with Point of Entry administering agencies to increase pay scale and ensure uniformity in pay across initial service coordinators (would result in increased costs and is a local personnel issue) (SD)
8.8 Explore the positive and negative aspects of initial service coordinators and technical assistance teams becoming state employees (existing personnel cap negates this option) (SD)
8.9 Expand Title V eligible diagnoses and services (would result in increased costs) (SD)